

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO. / FILING DATE 10 / 712422	
								APPLICANT(S)	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3							53		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.		1					TOTAL DEP.		
TOTAL CLAIMS	2						TOTAL CLAIMS		

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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